

DECLARATION AND POWER OF ATTORNEY

Docket No. X-16648

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

HISTAMINE H₃ RECEPTOR ANTAGONISTS, PREPARATION AND THERAPEUTIC USES

which is described and claimed in the specification which:

(check one) is attached hereto.
was filed on _____ as United States Application Serial No. _____

οΓ

PCT International Application No. PCT/US2005/005491, filed on February 22, 2005
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/547758 25-Feb-2004
(Application Number) (Filing Date)

(Section No. 1) (Section No. 2)

(Application Number) (Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor : Lisa Selsam Beavers
Inventor's Signature : Lisa Selsam Beavers Date: 8/4/06

Residence Address : 74 North Edwards St.
Franklin, Indiana 46131

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Second
Joint Inventor, if Any: Robert Alan Gadski

Inventor's Signature: Robert Alan Gadski Date: 8/4/06

Residence Address : 4431 North Illinois
Indianapolis, Indiana 46208

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Third
Joint Inventor, if Any: Philip Arthur Hipskind

Inventor's Signature: Philip Arthur Hipskind Date: 8/19/06

Residence Address : 4255 South Cabin Court
New Palestine, Indiana 46163

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Fourth Cynthia Darshini Jesudason
Joint Inventor, if Any:

Inventor's Signature : Cynthia Darshini Jesudason Date: 08-04-2006

Residence Address : 1090 Fleetwood Drive
Indianapolis, Indiana 46228

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Fifth Karen Lynn Lobb
Joint Inventor, if Any:

Inventor's Signature : Karen Lobb Date: Aug. 17, 2006

Residence Address : ~~5625 East Lowell Avenue~~ 7358 Windsor Lakes Place
Indianapolis, Indiana 46219
46237

Post Office Address : SAME AS ABOVE

Citizenship : USA

F
ull Name of Sixth Richard Todd Pickard
Joint Inventor, if Any:

Inventor's Signature : RTP Date: 8-7-06

Residence Address : 20980 Prairie Baptist Road
Noblesville, Indiana 46060

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Seventh
Joint Inventor, if Any:

Inventor's Signature : _____ Date: _____

Residence Address : 4349 Annandale Road
Schwenksville, Pennsylvania 19473

Post Office Address : SAME AS ABOVE

Citizenship : USA

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HISTAMINE H3 RECEPTOR ANTAGONISTS, PREPARATION AND THERAPEUTIC USES

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(check is attached hereto.
one) was filed on _____ as United States
Application Serial No. _____

or

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Full Name of Sole or
or First Inventor : Lisa Selsam Beavers
Inventor's Signature : _____ Date: _____

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Citizenship : USA

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Joint Inventor, if Any: Robert Alan Gadski

Inventor's Signature: _____ Date: _____

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Joint Inventor, if Any: Philip Arthur Hipskind

Inventor's Signature : _____ Date: _____

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Citizenship : USA

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Joint Inventor, if Any:

Inventor's Signature : _____ Date: _____

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Indianapolis, Indiana 46228

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Fifth Karen Lynn Lobb
Joint Inventor, if Any:

Inventor's Signature : _____ Date: _____

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Indianapolis, Indiana 46219

Post Office Address : SAME AS ABOVE

Citizenship : USA

F
ull Name of Sixth Richard Todd Pickard
Joint Inventor, if Any:

Inventor's Signature : _____ Date: _____

Residence Address : 20980 Prairie Baptist Road
Noblesville, Indiana 46060

Post Office Address : SAME AS ABOVE

Citizenship : USA

Full Name of Seventh Joint Inventor, if Any: Craig William Lindsley

Inventor's Signature :  Date: 11-Aug-2006

Residence Address : 4349 Annandale Road
Schwenksville, Pennsylvania 19473

Post Office Address : SAME AS ABOVE

Citizenship : USA